



SPECIAL EVENT PERMIT

BINGO

Planning & Building • 2263 Santa Clara Ave., Rm. 190
Alameda, CA 94501-4477

alamedaca.gov

510.747.6800 • F: 510.865.4053 • TDD: 510.522.7538

Hours: M, W, Th – 7:30 am – 4:30 pm

T – 7:30 am – 4:00 pm

ALLOW FIVE BUSINESS DAYS TO PROCESS PERMIT

Attached is an application form for authorization to conduct bingo games. Included with this application is a list of general conditions which may or may not apply to your activity. Please review these conditions along with the application and **answer all questions completely**. Please call 510-747-6800 if you have any questions.

1. Complete the **attached Application** form using blue or black ink only.
2. Complete the attached **Indemnity and Hold Harmless Agreement**. The City of Alameda must be indemnified against any and all property damage or bodily injury, which may occur. The applicant assumes all responsibility.
3. **Certificate of Insurance and Endorsement for General Liability Coverage** naming the City of Alameda as Additional Insured in the amount of \$2 million for the duration of the activity. (See attached examples.) ***Insurance for your block party may be obtained through the City of Alameda's Risk Manager's Office, 2263 Santa Clara Avenue, Room 280.***
4. **Applicant** must have an active business license for the City of Alameda.
5. **Applicant** must provide a copy of the State Tax ID.

Return your completed application in person along with the items listed above to the Permit Center, Room 190, 2263 Santa Clara Avenue, Alameda from 7:30 a.m. to 4:00 p.m. Monday, Wednesday, and Thursday; and 7:30 a.m. to 3:30 p.m. on Tuesday. A Permit Technician will accept your application and fee and route your application to the appropriate City departments for approval. **Please note: our office is closed on Friday.**

After all approvals are received in the Permit Center, you will be contacted to read and sign the Special Event Conditions of Approval Form prepared for your Special Event.

REQUIRED ATTACHMENTS FOR THIS APPLICATION

FORM ID	FORM NAME	NO PAGES
	Application	4
	Indemnity and Hold Harmless Agreement or Indemnity and Hold Harmless Agreement – Alameda Point	1
	Insurance Requirements	1
	Sample Certificate of Liability Insurance	1
	Sample Endorsement – Commercial General Liability	1



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APPLICATION FOR PERMIT TO CONDUCT BINGO GAMES

1. Name of Applicant/Organization: _____
2. Address of the Corporation, Organization, Community Chest or Trustee of any Trust:

3. Days of the week and hours of the Bingo Games will be conducted:
Days: _____ Hours: _____
4. Description of the Charitable Purposes for which all profits will be used:

5. Complete address of premises to be used for Bingo Games:

6. Occupancy capacity of premises: _____
7. Provision of law under which Applicant is an eligible organization:
Organization: _____
8. Purpose(s) for which property is (or will be) used by Applicant in addition to Bingo:

9. Length of time Applicant has been in existence within the City of Alameda:

10. Previous locations and dates of occupancy within the City of Alameda (if any):



11. Name, address and telephone numbers of at least two (2) Officers including the Presiding Officer &

Trustee of any Trust:

Presiding Officer: _____

Address: _____

City & State: _____

Phone: _____

Officer (Treasurer): _____

Address: _____

City & State: _____

Phone: _____

We the undersigned officers of the applicant, do declare that we have read and understand the provisions of California Penal Code Section 326.5 and that all Bingo played shall be conducted in strict compliance with Penal Code Section 326.5 and the provisions of Article 3, Chapter 2, Title XVI of the Alameda Municipal Code as it exists or may be amended from time to time, and agree that the permit may be revoked for failure to comply, or violation of any such provision.

WE DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.

Presiding Officer

Date

Officer

Date

Attach to this application a Certificate or Determination of Exemption under Sections 23701(a), 23701(b), 23701(d), 23701(e), 23701(g), or 23701(1) of the Revenue and Taxation Code of the State of California, or a letter of good standing from the Exemption Division of the Franchise Tax Board in Sacramento, showing exemption under said Sections; or, if applicable, a statement of eligibility as a mobile home park or a senior citizens organization.



Presiding Officer

Title: _____

Name: _____
Last First M.I.

Home Address: _____
Street City State & Zip.

Mailing Address: _____
Street City State & Zip.

Phone Alt Phone

Secretary

Name: _____
Last First M.I.

Home Address: _____
Street City State & Zip.

Mailing Address: _____
Street City State & Zip.

Phone Alt Phone

**Bingo Manager**

With the filing of this application each applicant must file a statement specifying the name and address of the Bingo Manager and the Alternate Bingo Manager (see attached).

_____ does hereby designate
Name of organization

Name: _____
Last First M.I.

Home Address: _____
Street City State & Zip.

Mailing Address: _____
Street City State & Zip.

_____ Alt Phone
Phone

as the Bingo Manager for said organization, and does further designate:

Name: _____
Last First M.I.

Home Address: _____
Street City State & Zip.

Mailing Address: _____
Street City State & Zip.

_____ Alt Phone
Phone

as the Alternate Bingo Manager.

FOR OFFICE USE ONLY

Permit Fee Paid: \$ _____ Date: _____ Received by: _____

Fire Department Inspections

Capacity Rating: _____

Met Fire Safety Standards for

Group Use: _____

Building Division Inspections

Capacity Rating: _____

Planning Division Inspections

Zoning: _____

Hours of Operation: _____



INDEMNITY AND HOLD HARMLESS

AGREEMENT

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T – 7:30 am – 4:00 pm

whose address is _____

(hereinafter "Indemnitor") in consideration of _____

agrees to the following terms and conditions:

Indemnitor shall defend, indemnify, and hold harmless the City of Alameda, its City Council, Boards and Commissions, officers, and employees from and against any and all loss, damages, liability, claims, suits, costs, and expenses whatsoever, including reasonable attorney's fees, regardless of the merit of outcome of any such claim or suit arising from or in any manner connected to the event, services, or work conducted or performed pursuant to this Agreement and Permit.

Indemnitor shall defend, indemnify and hold harmless the City of Alameda, its City Council, Boards and Commissions, officers, and employees from and against any and all loss, damages, liability, claims, suits, costs, and expenses whatsoever, including reasonable attorney's fees, accruing or resulting to any and all persons, firms, or corporations, furnishing or supplying work, services, materials, equipment, or supplies arising from or in any manner connected to the services or work conducted or performed pursuant to this Agreement and Permit.

By the signature below, Indemnitor agrees that it has read this Indemnity and Hold Harmless Agreement and accepts and agrees to each and every term and condition herein.

The signatory below warrants that he/she is authorized by the Indemnitor to execute on its behalf this Indemnity and Hold Harmless Agreement.

INDEMNITOR:

Date: _____

By: _____

Print Name: _____

Title: _____



INDEMNITY AND HOLD HARMLESS

AGREEMENT – ALAMEDA POINT

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Hours: M, W, Th – 7:30 am – 4:30 pm

T – 7:30 am – 4:00 pm

whose address is _____

(hereinafter "Indemnitor") in consideration of _____

agrees to the following terms and conditions:

Indemnitor shall defend, indemnify, and hold harmless the United States Department of the Navy, the City of Alameda, its City Council, Boards and Commissions, officers, and employees from and against any and all loss, damages, liability, claims, suits, costs, and expenses whatsoever, including reasonable attorney's fees, regardless of the merit of outcome of any such claim or suit arising from or in any manner connected to the event, services, or work conducted or performed pursuant to this Agreement and Permit.

Indemnitor shall defend, indemnify and hold harmless the United States Department of the Navy, the City of Alameda, it's City Council, Boards and Commissions, officers and employees from and against any and all loss, damages, liability, claims, suits, costs, and expenses whatsoever, including reasonable attorney's fees, accruing or resulting to any and all persons, firms or corporations, furnishing or supplying work, services, materials, equipment, or supplies arising from or in any manner connected to the services or work conducted or performed pursuant to this Agreement and Permit.

By the signature below, Indemnitor agrees that it has read this Indemnity and Hold Harmless Agreement and accepts and agrees to each and every term and condition herein.

The signatory below warrants that he/she is authorized by the Indemnitor to execute on its behalf this Indemnity and Hold Harmless Agreement.

INDEMNITOR:

Date: _____

By: _____

Print Name: _____

Title: _____



INSURANCE REQUIREMENTS

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For all designated coverages, the City of Alameda requires a Certificate of Insurance signed by the party authorized by the insurance company to bind the company to the coverage shown, as well as an Additional Insured Endorsement to the Policy.

Sample Information:

1) Certificate of Insurance (sample attached)

Designated Insurance Requirements:

- **General Liability: \$2,000,000**
- Company Rating: A.M. Best "A" or better

Provide the City of Alameda thirty (30) days in advance written notice of cancellation, non-renewal or reduction in limits or coverage including the name of the contract or event.

Signed by the party authorized by the insurance company to bind the company to the coverage shown.

Other insurance coverage may be required based on the type of contract and scope of services.

2) Endorsement to the Policy (sample attached)

This endorsement **must**:

- Name the "City of Alameda, its Council, Officers, Employees, Volunteers, Board and Commissions" as additional insureds; and
- Include the policy number and type of coverage. **Please note: A statement included on the Certificate that the City is an additional insured, is NOT sufficient.**

3) Forward the Certificate of Insurance and the Endorsement to the Policy to the Department Representative with whom you are conducting business.

Please ask your insurance broker or agent to provide both documents to the City of Alameda ten (10) days prior to the event taking place since several departments must sign off on the entire request package before your participation in the event.

ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A:	
	INSURER B:	
	INSURER C:	
INSURED	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

CANCELLATION

City of Alameda
2263 Santa Clara Ave
Alameda CA 94501

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



SAMPLE ENDORSEMENT
COMMERCIAL GENERAL LIABILITY
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POLICY NUMBER: COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of our operations or premises owned by or rented by you

SCHEDULE

Name of Person or Organization:

City of Alameda, its City Council,
Boards and Commissions, Officers, Employees, and
Volunteers
City Hall, Alameda, CA 94501

or

U.S. Department of the Navy, City of Alameda,
Alameda Municipal Power, Alameda Housing
Authority, their respective Boards, Commissions,
Officers, Employees, Agents, and Volunteers
City Hall, Alameda, CA 94501

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)